AUG 2 3 1998

Mr. Richard T. Lutz
Director, Division of State Health Purchasing
Agency for Health Care Administration
P.O. Box **13000**
Tallahassee, Florida **323 17-3000**

Dear Mr. Lutz:

We are pleased to inform you that your application entitled "Extending Medicaid Family Benefits for Postpartum Women" has been approved for the period of September **1, 1998,** through August **3 1,2003.** The approval is under the authority of section **11 15** of the Social Security Act (the Act).

Our approval of this demonstration (and the Federal matching provided thereunder) is contingent upon compliance with the enclosed Special Terms and Conditions. The Special Terms and Conditions also define the nature, character and extent of anticipated Federal involvement in the project. This award is subject to our receiving your written acceptance of the award within 30 days of this letter.

Under the authority of section **1115(a)(2)** of the Act, the following expenditures (beginning September **1, 1998)** that would otherwise not be regarded as expenditures under section **1903** of the Act will be regarded as expenditures under the state's title XIX plan:

> expenditures permitting the state to extend Medicaid eligibility for family planning services for two years to all women in childbearing age who have received a Medicaid paid pregnancy-related service during their traditional Medicaid eligibility period.

Your project officer is Alisa Adamo. Ms. Adamo is available to answer any questions concerning the scope and implementation of the project described in your application. Communications regarding program matters should be submitted to Alisa at:

Health Care Financing Administration
7500 Security Blvd., **C-3-18-26**
Baltimore, Md. **2 1244-1850**
Phone: **(410) 786-6618**
FAX: (4 10)786-55 15
E-mail: AADAMO@HCFA.GOV

We extend our congratulations on this award and look forward to working with you during the project.

Sincerely,

/s/

Nancy-Ann Min DeParle
Administrator

Enclosure